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Each additional paper, such as an assignment or formal drawing, m have its own certificate of mailing or transmission. 23413 07/23/2004 7590 CANTOR COLBURN, LLP Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the Un States Postal Service with sufficient postage for first class mail in an envel addressed to the Mail Stop ISSUE FEE address above, or being facsim transmitted to the USPTO (703) 746-4000, on the date indicated below. 55 GRIFFIN ROAD SOUTH **BLOOMFIELD, CT 06002** 10/22/2004 WABDELR3 00000084 070845 10063473 (Depositor's na <u>Patricia DiGregorio</u> 1370.00 DA 300.00 DA 01 FC:1501 (Signat 02 FC:1504 (D October 19, 2004 APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. 121066 10/063,473 04/26/2002 Eddy Benjamin Boskamp 1173 TITLE OF INVENTION: DEGENERATE BIRDCAGE RESONATOR FOR MAGNETIC RESONANCE IMAGING APPLN. TYPE SMALL ENTITY ISSUE FEE PUBLICATION FEE TOTAL FEE(S) DUE DATE DUE XXXXX 1,370 XXXXX 10/25/2004 nonprovisional NO \$300 \$1,670 **EXAMINER** ART UNIT CLASS-SUBCLASS VARGAS, DIXOMARA 2859 324-318000 1. Change of correspondence address or indication of "Fee Address" (37 2. For printing on the patent front page, list CANTOR COLBURN LLP (1) the names of up to 3 registered patent attorneys ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to XX "Fee Address" indication (or "Fee Address" Indication form 2 registered patent attorneys or agents. If no name is listed, no name will be printed. PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) GE Medical Systems Global Waukesha, Wisconsin Technology Company, LLC governm Please check the appropriate assignee category or categories (will not be printed on the patent); individual XX corporation or other private group entity 4a. The following fee(s) are enclosed: 4b. Payment of Fee(s): XX Issue Fee A check in the amount of the fee(s) is enclosed. XX Publication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached. 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The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to proc an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to comp this form and/or suggestions for reducing this burden, should be sent to the Chief Information Office, U.S. Patent and Trademark Office, U.S. Department of Commerce, P Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 14 Alexandria, Virginia 22313-1450.

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